



PTO/SB/17 (07-06)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/603,224-Conf. #4383
		Filing Date	June 25, 2003
		First Named Inventor	Thomas S. Murphy
		Examiner Name	A. P. Desai
		Art Unit	1771
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0003317.00126US1
TOTAL AMOUNT OF PAYMENT		(\$)	800.00

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-0219</u> Deposit Account Name: <u>Wilmer Cutler Pickering Hale and Dorr LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims 19 - 28 = <u> </u> x <u> </u> = <u> </u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims 3 - 4 = <u> </u> x <u> </u> = <u> </u>		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	
180.00	180.00	
180.00	180.00	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 = <u> </u>	/50 <u> </u> (round up to a whole number) x <u> </u> = <u> </u>		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month	225.00
2801 Request for continued examination (RCE) (see 37 ...)	395.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,967
Name (Print/Type)	James T. Olesen	Telephone	(617) 526-6000
		Date	September 18, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 18, 2006

Signature:

(Mary Jo Nispel)